

Agribusiness Swimming Pool Questionnaire

Named Insured - _____

Policy Number - _____

1. Size and depths:

Length: _____ ft. Width: _____ ft.
 Max. Depth: _____ ft. Min. Depth: _____ ft.

Depths Marked? Yes No Clearly visible from all sides? Yes No

2. Construction of Pool:

Gunite/Concrete Vinyl Other: _____

3. Type of Pool:

In-ground Above Ground Age: _____

4. Fencing:

Height: _____ ft. Construction Material: _____

Gates/Doors Self-Closing and Self-Latching? Yes No

Gates/Doors locked when closed/at night? Yes No

5. Pool Deck/Patio:

Slip-resistant? Yes No Self-Draining? Yes No

6. Diving Board(s) and Other Exposures:

Number: _____ Height over water: _____ ft.

Depth of Water under the Diving Board: _____ ft.

Water Slide? Yes No Height above Pool Deck: _____ ft.

Spa/Jacuzzi? Yes No

Included in the Pool: Yes No or Separate: Yes No

7. Safety:

Life rings/Shepard's hook available/accessible? Yes No

Ground fault interrupter on pool and area lighting? Yes No

Are there Ladders to allow safe access out of pool? Yes No

Any unsupervised activities? Yes No

If Yes, explain: _____

Does the insured have a gate and/or water alarm? Yes No

Are the Chemicals checked on a regular basis? Yes No

Where are the pool chemicals stored? _____

Named Insured's Signature: _____ Date: _____

***** Please attach a Photograph(s) of the Pool and Surrounding Area *****